

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523180

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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35				/		
36				0		
37				/		
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39			/			
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44				/		
45				/		
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47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
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99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	7	←		←
TOTAL CLAIMS			7			

PTO - 1360 (REV. 11/04)

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